

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **46821**
Registrar's No. **3144**

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 500		Registrar's No. 3144	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moline				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri			
c. LENGTH OF STAY (In this place) AB 3 mos.				d. STREET ADDRESS (If rural, give location) 3203 S. 7th.			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Halls Ferry Memorial Home				e. STREET ADDRESS (If rural, give location) 3203 S. 7th.			
3. NAME OF DECEASED (Type or Print) LOUISA		a. (First)		b. (Middle)		c. (Last) HUFF	
4. DATE OF DEATH 12-11-1957		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-13-1876	
9. AGE (In years, last birthday) 80		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY None At home		11. BIRTHPLACE (State or foreign country) Jefferson County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Schaefer		13b. MOTHER'S MAIDEN NAME Adaelhide Grau		14. NAME OF HUSBAND OR WIFE Virgil (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) NO		16. SOCIAL SECURITY NO. 90-38-8577		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Bender-3203 S. 7th.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) 260X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thromboses				INTERVAL BETWEEN ONSET AND DEATH unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 17, 1957 , to Dec 11, 1957 ; that I last saw the deceased alive on 12/10, 1957 and that death occurred at 12:20 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Laura Littmann		(Degree or title) MD		23b. ADDRESS 4231 Clayton Rd.		23c. DATE SIGNED 11/13/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-14-1957		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. 12-13-57		REGISTRAR'S SIGNATURE Harbert B. Dombey		25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN'S ADDRESS 2301 Lafayette Ave.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James R. Chapman

Licensed Embalmer No. 4550

P. O. Address St. Louis, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.